

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only

NOV 15 2000

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1. FILE NUMBER

032-243

2. PERIOD COVERED

MO DAY YEAR

From 07 01 1999

Through 06 30 2000

3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: ☐

(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: ☐

(c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: ☐

IMPORTANT

Peel off the address label from the back of the package and place it here.

If the label information is correct, leave Items 4 through 8 blank.

If any of the label information is incorrect, complete Items 4 through 8.

4. AFFILIATION OR ORGANIZATION NAME

2047
CARPENTERS AFL-CIO LU 0247

5. DESIGNATION (Local, Lodge, etc.)

LOCAL

6. DESIGNATION NUMBER

2047

7. UNIT NAME (if any)

9. Are your organization's records kept at its mailing address?
(If "No," provide address in Item 56.)

Yes ☒ No ☐

8. MAILING ADDRESS (Type or print in capital letters.)

First Name

PATRICIA

Last Name

CAREY

P.O. Box • Building and Room Number (if any)

Number and Street

1219 N HARRISON ST

City

HARTFORD CITY

State

ZIP Code + 4

IN 47348

56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number

11

SYMPATHY CLUB DRAFT ACCOUNT

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

57. SIGNED:

Harry T. Afford

11 13 00

Date

(765) 348-5027

Telephone Number

PRESIDENT

(If other title, see instructions.)

58. SIGNED:

[Signature]

11 13 00

Date

(616) 246-0267

Telephone Number

TREASURER

(If other title, see instructions.)

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | X |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | X | |
| 12. Have a political action committee (PAC) fund? | | X |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | X |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | | X |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | | X |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | X |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? | | X |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? | | X |

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period? 245

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5000

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes No X
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

22. What is the date of your organization's next regular election of officers? MO YEAR

23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 13.25 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 55.00
(c) Transfer Fees	\$ NONE
(d) Work Permits	\$ NONE per _____ (Month, Year, etc.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 032-243

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*			
1. Last Name: JEFFRIES First Name: RANDY Title: PRESIDENT Status: C		649	100	749
2. Last Name: RHODES First Name: RIKKI Title: VICE PRESIDENT Status: C		331	0	331
3. Last Name: COOK First Name: SHARON Title: FINANCIAL SECRETARY Status: C		729	0	729
4. Last Name: CAREY First Name: PATRICI Title: TREASURER Status: N		402	0	402
5. Last Name: LACKEY First Name: JOAN Title: TREASURER Status: P		315	0	315
6. Last Name: HOFFNER First Name: JACK Title: RECORDING SECRETARY Status:		489	261	750
7. Last Name: HUNT First Name: FRANCIS Title: CHIEF STEWARD Status: C		1534	51	1585
8. Totals from additional pages (if any)		0	0	0
9. Totals of Lines 1 through 8		4449	412	4861
10. Less Deductions				0
Enter the Total from Line 11 in Item 45 ⇨		11. Net Disbursements 4861		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 032-243

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash	12910	9811	32. Accounts Payable	0	0
	26. Loans Receivable	0	0	33. Loans Payable	0	0
	27. U.S. Treasury Securities	0	0	34. Mortgages Payable	0	0
	28. Investments	0	0	35. Other Liabilities	0	0
	29. Fixed Assets	0	0	36. TOTAL LIABILITIES	0	0
	30. Other Assets	0	0	37. NET ASSETS (Item 31 less Item 36).....	12910	9811
	31. TOTAL ASSETS.....	12910	9811			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	34657	45. To Officers (from Item 24)	4861
	39. Per Capita Tax	0	46. To Employees (less deductions)	3526
	40. Fees, Fines, Assessments & Work Permits	0	47. Per Capita Tax	16610
	41. Interest & Dividends	200	48. Office & Administrative Expense	864
	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	2035
	43. Other Receipts	432	50. Benefits	2629
	44. TOTAL RECEIPTS	35289	51. Contributions, Gifts & Grants	7497
	<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>		52. Purchase of Investments & Fixed Assets	0
			53. Loans Made	0
			54. Other Disbursements	366
			55. TOTAL DISBURSEMENTS	38388